



PTO/SB/01 (12-97)
Approved for use through 9/30/00. OMB 0651-0032
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)

☐ Declaration OR Submitted with Initial Filing

☑ Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number	pr D5118
First Named Inventor	Sims, et al.
COMPLETE	E IF KNOWN
Application Number	09 / 755,845
Filing Date	01/05/2001
Group Art Unit	3619
Examiner Name	

As a below named inve	ntor, I hereby declare that	:							
My residence, post office address, and citizenship are as stated below next to my name,									
I believe I am the onginal, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:									
ELECTRICAL CONNECTION MODULE									
the specification of which (Title of the Invention) is attached hereto OR									
	was filed on (MM/DD/YYYY) 01/05/2001 as United States Application Number or PCT International								
Application Number 00	755.845 and v	vas amended on (MM/DD/Y	YYY) [(if applicable).				
I hereby state that I have n	eviewed and understand the	contents of the above iden	tified specification	on, including the	claims, as				
amonate by any amonam	sin specifically referred to at	love.							
acknowledge the duty to d	disclose information which is	material to patentability as	defined in 37 CF	FR 1.56.					
hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.									
Prior Foreign Application Number(s)	Country	Country Foreign Filing Date Priority Certified Copy Attached Not Claimed YES NO							
Additional foreign applica	tion numbers are listed on a	supplemental priority data	sheet PTO/SB/0	2R attached here	ato:				
Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto: I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.									
Application Number	(s) Filing Date	e (MM/DD/YYYY)	Addition number supple	nal provisiona irs are listed or mental priority B/02B attache	n a data sheet				

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.



PTO/SB/01 (12-97)

Approved for use through 9/30/00. OMB 0651-0032

Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE
a valid OMB control number.

DE	CLARATION -	<u> – Utility</u>	or	Desig	n Pat	ent	IqaA	icat	ion	
United States	in the benefit under 35 U.S.C. 120 s of America, listed below and, in s or PCT International application in which is material to patentability as inal or PCT international filing date	the manner provi	ded by th	or each or t	ne claims of	unis appi	ication is no	ot disclos	ed in the prior	
L	J.S. Parent Application or Number	PCT Parent			iling Date			Paten applic	t Number	
Additiona	al U.S. or PCT international applica	tion numbers are I	isted on a	a supplement	al priority data	sheet F	TO/SB/02B	attached	hereto.	
As a named in	iventor, I hereby appoint the follow k Office connected therewith:	ing registered practicular constants of the constant	r) to prosecute	this applicat	on and t	transact a	l busines Place Cus umber B	is in the Patent stomer ar Code	
		Registrat		name/registra	tion number t	sted bek	w	1.ahel I		
	Name	Numbe	r		Nan				gistration umber	
	N, DENNIS KELLY	26,51		GI	LBERTO	HERN.	ANDEZ	46	,483	
	JEFFREY P.	37,10								
	NEIL T.	45,02								
	registered practitioner(s) named o	n supplemental Re	aistered	Practitioner li	ntormation sh	eet PTO	SB/0			
Direct all com	or Bar C	er Number Code Label					orresponde	55 F	ess below	
Name	INTERNATIONAL T	RUCK AND	ENGI	NE CORI	PORATIO	N			VOI FIGE	
Address	455 North Cityf	ront Plaz	a Dr	ive						
Address	Suite 1300							-		
City	Chicago			State	IL	ZIP	6061	60611		
Country	USA	Telephone	312	-836-23	311	Fax	312-	3982		
pplication or a	e that all statements made herein true; and further that these states fine or imprisonment, or both, und my patent issued thereon.	n of my own know ments were made der 18 U.S.C. 100	11 and th	nat such willfi	at all statement wilful false statement in has been to	ents mad se stater ments m	de on inform ments and to ay jeopardiz	nation ar he like s te the va	nd belief are o made are alidity of the	
							uno unsigi	ica iiive	alioi	
Giv	en Name (first and middle lif a	nnyl)	$\neg \neg$						——-	
Giv	ven Name (first and middle (if a				Family	Name (or Surnami	e		
Inventor's		D.				Name (· 	e	4/18/20	
Inventor's Signature	Charles	D	ins)H	Si	Family	Name (Da	ıte	4/18/20 USA	
Inventor's Signature Residence: Ci	Charles Charles Springfield	D.	ins		Family .ms	Name (Da		4/18/20 USA	
Giv Inventor's Signature Residence: Ci ost Office Add	Charles Charles ty Springfield dress 6233 Kelley	D.	ins	Si	Family .ms	Name o	Da	ıte		

 $1_{
m supplemental}$ Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto

Additional inventors are being named on the



PTO/SB/02A (3-97)

Approved for use through 9/30/98. O.NB 0651-0032

Patent and Trademan Office: U.S. DEPARTMENT OF COMMERCE lerwork Reduction Act of 1995. no persons are required to respond to a collection of information unless it contains a

DECLARATION

Name of Additional Joint Inventor, if any:											
Given Name (first and middle (if anyl) Family Name or Surname											
Brian G.					Smith						
Inventor's Signature	Buan N. Smith					Date		1-20-01			
Residence: City	Urbana	State	ОН		Coun	17	USA		Citizens	ship	USA
Post Office Address	7033 Thackery Ave										
Post Office Address											
City	Urbana	State	ОН		ZIP		43078	Count	77	USA	
Name of Additional Joint Inventor, if any:											
Given Na	Given Name (first and middle (if any)) Family Name or Surname										
	Stanley W.				Larison						
inventor's Signature			,		Date						
Residence: City	Urbana	State	ОН		Coun	try	USA		Citize	nship	USA
Post Office Address	4291 Briarwo	od :	Driv	e							
Post Office Address											
City	Urbana	State	ОН		Z	P	43078	Cou	ntry	USA	
Name of Addition	nal Joint Inventor, if any	<i>/</i> :] A pe	titio	n has been file	d for t	his unsig	ned inv	ventor
Given Na	me (first and middle (if any))						Family Nar	me or	Sumame		
! !											
Inventor's Signature									Os	ite	
Residence: City		State			Coun	7			Citize	nship	
Post Office Address											
Post Office Address											
City		State			Z	P			Country		

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office. Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS, SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus s

Approved for use through 9/30/98. OMB 0651-0032

Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Reduction Act of 1995. no persons are required to respond to a collection of information unless it contains a or number.

DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet

						-3	U		
Name of Addit	ional Joint Inventor,	if any:		□ A ne	itition has been f	filed for the			
Given	Name (first and middle (if	f anyl)						inventor	
	Brian G.	- 7.17		Family Name or Surname					
Inventor's	JIIII G.				Smith				
Signature							D-4-		
Residence: City	Urbana	St	ate OH	Count	USA		Date Citizenship	USA	
Post Office Address	7033 Thack	ery	Ave				- Taracina in p	OUR	
Post Office Addres	8								
City	Urbana	Sta	nte OH	ZIP	43078	Country	US.A		
Name of Addition	onal Joint Inventor, if	any:		A peti	ion has been file				
Given Na	ame (first and middle (if a	anyj)		T					
	Stamley W	•		Family Name or Surname / Larison					
inventor's Signature	Stanley	h	7/	Louis	w I	1			
Residence: City	Urbana	Stat	OH	Country	IICA		Date	USA	
Post Office Address	4291 Briard	wood	Drive	Godinary			Citizenship	USA	
Post Office Address									
City	Urbana	Stat	ОН	ZIP	43078	Country	USA		
ame of Addition	nal Joint Inventor, if a	ny:		A petitio	n has been filed				
Given Nan	ne (first and middle (if an	y])						entor	
_					Family Nam	e or Sum	ame		
iventor's ignature							— Т		
esidence: City		State					Date	·	
st Office Address		Cial		Country		c	itizenship	-	
st Office Address									
у		State		ZIP					
			L	41	Ī	Count	rv I		

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.